

## PETITION FOR CONDITIONAL USE PERMIT

<b>APPLICANT INFORMATION</b>	<p>Petitioner _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone ( ) _____ Fax _____ E-mail _____</p>
<b>PROPERTY OWNERSHIP</b>	<p>Property Owner(s) _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone ( ) _____ Fax _____ E-mail _____</p>
<b>CONTACT PERSON</b>	<p>Contact Person _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone ( ) _____ Fax _____ E-mail _____</p> <p style="text-align: center;"><i>(All staff correspondence will be sent only to the designated contact person)</i></p>
<b>REQUEST LOCATION</b>	<p>Location Address: _____</p> <p>City _____ State _____ Zip _____</p> <p>Zoning District: _____ Subdivision: _____ Block: _____ Lot: _____</p> <p>Deed Reference: Book _____ Page _____ Property Dimensions: Frontage _____ ft.; Depth _____ ft. Area _____ Acres/Square feet</p>
<b>REQUEST</b>	<p>Conditional Use Requested (attach additional pages as necessary) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**FILING  
REQUIREMENTS**

*Applications will not be accepted unless the following requirements are submitted with this application.*

Filing fee (Make check payable to the City of Ashland. Payments may also be made with cash or credit card if paid in person.)

One site plan, drawn to scale, showing the location of all existing and proposed structures, improvements, and uses on the property, as well as any information required by ordinance (plans must be no larger than 8 ½" by 14")

Legal Description of property

Application *must* be signed by property owner

*I/We understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Ashland Zoning Ordinance as well as all procedures and policies of the City of Ashland Board of Zoning Appeals as those provisions, procedures and policies relate to the handling and disposition of this application; and that the information contained in this application is true and accurate to the best of my/our knowledge. I/we further agree that if I/we request that this application be deferred or my/our actions or inaction require deferral of this application, that I/we will pay an additional fee of \$150 prior to final consideration of this application to defray the additional costs incurred.*

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(printed name of applicant)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(printed name of applicant)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of property owner)

\_\_\_\_\_  
(printed name of property owner)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of property owner)

\_\_\_\_\_  
(printed name of property owner)

\_\_\_\_\_  
(date)

City of Ashland  
Department of Planning & Community Development  
1700 Greenup Avenue, Room 208  
P. O. Box 1839  
Ashland, Kentucky 41105-1839  
Telephone (606) 327-2030  
Fax (606) 325-8412

Rec'd by:

Date: